



# Good But Could Be Better

## Healthcare Changes Announced during the Recent National Day Rally

By Dr Jeremy Lim, Editorial Board Member

“More to benefit from lower health-care cost” screamed the headline of the *Straits Times* on 15 August 2011, and “Health subsidies extended to 710,000” woke Singaporeans the very next day. The healthcare highlights of this year’s National Day Rally were announcements on the government’s plans to improve chronic disease management.

What are these measures to enhance chronic care? Firstly, the Primary Care Partnership Scheme (PCPS), a scheme which is essentially a portable subsidies programme for low- and middle-income groups, will have its qualifying income “raised from the current \$800 to \$1,500 per capita monthly income”. The age criterion for eligibility will also be lowered from the current 65 years old to 40 years old. Secondly, the Medisave

withdrawal limit for outpatient chronic care for diseases such as hypertension, stroke and hyperlipidaemia will be increased to \$400 from the present \$300. The Ministry of Health somewhat optimistically estimates the number of beneficiaries of the two schemes to be 710,000 and 112,000 respectively.

Is the government doing enough? Despite the pronouncement of \$73m worth of subsidies, it should be noted that the PCPS as a scheme fundamentally substitutes for polyclinic consultations, which the government heavily subsidises anyway. Medisave is also ultimately the citizens’ own money and not a subsidy. But policies should not be judged by their dollar value but by whether they improve the healthcare system as a whole. And on this yardstick, these are steps in the right direction.

Care for chronic conditions is emerging as the biggest challenge the local healthcare system is facing, and as Deputy Prime Minister Tharman Shanmugaratnam declared recently, “We need all hands on deck.” Every little bit of resources mobilised will bring us one step closer.

But what can we do to truly transform the landscape for chronic care? Former Health Minister Khaw Boon Wan spoke frequently of the need for every Singaporean to have a family physician. If this could be realised and every Singaporean (or at least every Singaporean with a chronic condition) had a family physician, who is a doctor, health confidante and system navigator all bundled into one, the changes in our system would be truly transformative. It is no surprise that countries such as the United Kingdom which are widely admired

for strong chronic care build their health systems on a bedrock of primary care, where every patient has a named family physician. The importance of primary care is not a new insight; in fact the World Health Organization in the “Health for All” Alma Alta Declaration of 1978 (!) emphatically placed primary care as the “central function and main focus” of a country’s health system.

Enough of doctors which change every year depending on the employer’s insurance plan; enough of seeing a different doctor in the polyclinic every six months because of medical officer rotations. So what if the government needs to provide subsidies to make “one family physician for every Singaporean” a reality? Monies would be freed up from reduced hospitalisation demands to make this worthwhile, from a financial perspective. In any event, it is the right thing to do. “One family physician for every Singaporean” – now that would be a headline worth waking up to and working for. **SMA**



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